

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**Apr 22  
Sec**

**DOCUMENT # P03000143301**

1. Entity Name  
**ROBERT D. PEDEN, INC.**



Principal Place of Business  
1442 SW COUNTY ROAD 661  
ARCADIA, FL 34266

Mailing Address  
1442 SW COUNTY ROAD 661  
ARCADIA, FL 34266



01262005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3773577**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PEDEN, ROBERT D  
1442 SW COUNTY ROAD 661  
ARCADIA, FL 34266

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEDEN, ROBERT D 1442 SW COUNTY ROAD 661 ARCADIA, FL 34266
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U00000325044  
04/22/05-80117-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other persons empowered.

**SIGNATURE:**

*Robert D. Peden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #